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## Gallatin City-County Health Department

### **\*\*Health Alert Network (HAN) Message\*\***

## **USE OF ANTIVIRAL MEDICATIONS FOR INFLUENZA INFECTION**

**Message Type:** Update  
**To:** Health Care Providers, Pharmacists  
**Date:** May 6, 2009  
**Re:** Antiviral

### **DPHHS Recommendations**

After consultation with infectious disease physicians in Montana (through the Montana ID Network), the Public Health and Safety Division has established guidelines for the use of antiviral medications related to influenza infection. At the current time (May 5, 2009), seasonal influenza strains continue to cause illness in Montana. Although the recently recognized influenza A H1N1 (swine-like) has not been confirmed in Montana yet, we anticipate that this virus will cause infections here in the near future.

NOTE: Mild uncomplicated illness should NOT be treated. Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications. Influenza antiviral medications should be used for prophylaxis ONLY in very selected circumstances.

MT Guidelines below: MT Interim guidelines for antiviral use for influenza infection (from PHSD/DPHHS with support of the Montana ID Network)

Please also refer to CDC Guidance: CDC Interim guidance for clinicians on identifying and caring for patients with novel influenza A (H1N1) virus infection (<http://www.cdc.gov/h1n1flu/identifyingpatients.htm>)

### **Interim Guidelines for Antiviral Drug Use for Influenza Infection Public Health and Safety Division, DPHHS, May 5, 2009**

#### **Treatment**

Influenza should be considered in persons with acute febrile respiratory illness with cough or sore throat. **Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications.** Mild uncomplicated illness should not be treated. Persons at high risk of complications from influenza who should be considered for antiviral therapy:

- Infants and children aged <5 years
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or are receiving immunosuppressive therapy
- HIV-infection persons
- Pregnant women
- Persons with sickle cell anemia and other hemoglobinopathies
- Persons with diseases that require long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise
- Adults aged >65 years
- Residents of any age of nursing homes or other long-term care institutions

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. Therefore, treatment for high-risk patients who are seen >48 hours after illness onset and are not improving is permitted.

### **Chemoprophylaxis**

Routine prophylaxis with oseltamivir or zanamavir should be limited at this time to the following individuals who have contact with a confirmed or probable case:

1. Household close contacts of a confirmed or probable case who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women).
2. Health care workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

Last Updated 5/6/09 10:00 MDT

Dosing guidelines for antiviral drugs (consult the manufacturer's package insert for complete information) Agent, Group	Treatment (5 days)	Prophylaxis (10 days)
<b>Oseltamavir</b>		
Adults	75 mg PO bid	75 mg PO qday
Children 15 kg or less	30 mg PO bid	30 mg PO qday
15-23 kg	45 mg PO bid	45 mg PO qday
24-40 kg	60 mg PO bid	60 mg PO qday
> 40 kg	75 mg PO bid	75 mg PO qday
<b>Zanamavir</b>		
Adults	Two 5mg inhalations (10mg) bid	Two 5mg inhalations qday
Children	Two 5mg inhalations (10mg) bid (age $\geq$ 7 years)	Two 5mg inhalations qday (age > 5 years)

For more information about antiviral drugs including dosing guidelines and please see the CDC antiviral web page <http://www.cdc.gov/h1n1flu/recommendations.htm> and the Infectious Disease Society of America guidelines for seasonal influenza: <http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>

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**Visit the DPHHS Health Alert Network Website at [www.han.mt.gov](http://www.han.mt.gov)**

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<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.